



MEDICAL EXAMINER'S OFFICE

Medical Records Request

DATE: _____

TO: _____

FROM: _____

ATTN: _____

EMAIL: _____

FAX: _____

FAX: _____

Please send the following medical records as soon as possible to aid in this office determining the patient's cause and manner of death (email preferred).

PATIENT INFORMATION:

NAME: _____

DOB: _____

DOD: _____

OTHER: _____

RECORDS REQUESTED:

Most recent H&P

Current medication listing

Admit / Discharge summary

Physician notes

Dates: _____

Dates: _____

ER Report (dates: _____)

Or from last _____ visits

Radiology report (_____)

Laboratory results (_____)

Nurses' notes (_____)

Incident report (_____)

Other: _____

Wisconsin Statute 146.82(2)(a) 18. Following the death of a patient, to a medical examiner or medical examiner's assistant, for the purpose of completing a medical certificate under s. 69.18(2) of investigating a death under s. 979.01 or 979.10. The health care provider may release information by initiating contact with the office of the medical examiner without receiving a request for release of information and shall release information upon receipt of an oral or written request for the information from the medical examiner or medical examiner's assistant. The recipient of any information under the subdivision shall keep the information confidential except as necessary to comply with s. 69.18, 979.01, or 979.10.

Walworth County Medical Examiner
1770 County Road NN
Elkhorn, WI 53121
(262) 741-4729 phone
(262) 741-4487 fax